

**State Licensing Section**

<b>Facility's Name: NONALES</b>	<b>CHAPTER 100.1</b>
<b>Address: 1035 Kukila Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: September 4, 2019 Annual</b>

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no evidence in the inventory of possession of prescription eyeglasses.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>yes, I corrected. In Admission Assessment/care Plan form in Resident's record belongings, valuable secured I wrote X in empty box under contact/glasses evidence that patient has an eye glasses.</p>	<p>9-4-2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records <u>and reports</u>. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence in the inventory of possession of prescription eyeglasses.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>When I will be admitting new patient in my home in Admission Assessment / Care Plan form, I will fill up all or write X in the empty square, if patient has watch, jewelry, contacts/glasses, dentures, partial hearing aid and others. Ensure that patient has a record of all their belongings and valuables secured.</i></p>	<p><i>9-4-2019</i></p> <p>19 SEP 13 02:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence of the resident's response to medication for hypertension in the monthly progress notes for September to December 2018 or July and August 2019.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes I corrected this deficiency today. before patient went to bed B/P was taken 130/60. In the morning before I gave patient medication B/P was taken 140/70. B/P result was written in a note book next visit I'll show it to the Doctor,</i></p>	<p><i>9-4-2019</i> <i>9-5-2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence of the resident's response to medication for hypertension in the monthly progress notes for September to December 2018 or July and August 2019.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>when a patient taking blood pressure medication I will <del>at</del> always check blood pressure before giving medication what ever the result I will write it down in a notebook for the doctor to see next visit. Also blood pressure result of the patients I will write it in a monthly Progress Note. I will also tell to my substitute to do the same.</p>	<p>9-4-2019 9-5-2019</p> <p>19 SEP 13 07:29</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence in the resident record for the effectiveness of PRN medications made available. I.e., per medication administration record the following were given:</p> <ol style="list-style-type: none"> <li>1. "SM Tussin DM Syrup 10 ml po Q 4 hrs QD PRN" given 34 times between 3/15/19 and 3/25/19</li> <li>2. "Benzonatate 200 mg I cap TID PRN" given 23 times between 3/15/19 and 3/22/19</li> </ol> <p>Repeat citation 2017 and 2018.</p>	<p><b>PART 1</b></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 SEP 13 12:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence in the resident record for the effectiveness of PRN medications made available. I.e., per medication administration record the following were given:</p> <ol style="list-style-type: none"> <li>3. "SM Tussin DM Syrup 10 ml po Q 4 hrs QD PRN" given 34 times between 3/15/19 and 3/25/19</li> <li>4. "Benzonatate 200 mg I cap TID PRN" given 23 times between 3/15/19 and 3/22/19</li> </ol> <p>Repeat citation 2017 and 2018.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Every time I give PRN medication to the patient I will write in Progress Note and also I'll document it in medication record write the time that was given, what was the result and, response of medication to the patient I will write it again in Progress Note, I will also tell my to my substitute to do too if they'll give PRN medication to the patient.</p>	<p>19 SEP 13 12:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b> Kitchen, dishes from lunch left sitting in the sink. Resident observed walking over to the sink to take a glass from this area. However, the care giver did not clean and sanitize all utensils and dishes thoroughly after lunch.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>when my nurse consultant went home I washed, clean the dishes and kitchen utensils in the sink with warm water with detergents. I rinsed it with warm running water, I sanitized it with Clorox for 1 min. after that I air dry on rack and I stored it in clean protected place.</p>	<p>9-4-2019</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Kitchen, dishes from lunch left sitting in the sink. Resident observed walking over to the sink to take a glass from this area. However, the care giver did not clean and sanitize all utensils and dishes thoroughly after lunch.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>As soon as patient or family finish eating I will wash and clean the dishes, glasses and kitchen utensils right away. I will follow the Hand dish washing procedure for care home after each meals so that all dishes, glasses and kitchen utensils always ready and sanitized for use of family and residents use. I will also tell my substitute to do the same.</p>	<p>9-4-2019</p> <p>19 SEP 13 PM 2:39</p>

Licensee's/Administrator's Signature: Lilia Nonalet

Print Name: LILIA NONALET

Date: Sept. 11, 2019

STATE OF CALIFORNIA  
DEPARTMENT OF  
INDUSTRIAL RELATIONS

19 SEP 13 PM 2:09